

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34372

State File No.

FILED OCT 25 1952

REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5169 Registrar's No. 351

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg</u>		c. LENGTH OF STAY (In this place) <u>3 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg</u>		0149	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie Elizabeth Schepman</u>			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 1952</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11 1 1877</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 MRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u>		11. BIRTHPLACE (State or foreign country) <u>Audrain Co Mo.</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Griffin</u>				13b. MOTHER'S MAIDEN NAME <u>Zaralda Lindsey</u>		14. NAME OF HUSBAND OR WIFE <u>William Schepman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William A. Schepman</u>	
						ADDRESS <u>New Truxton Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA - LIVER - PRIMARY</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>12 months</u>							
ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>1561</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>APRIL</u> , 19 <u>52</u> , to <u>OCTOBER 14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>OCT. 8</u> , 19 <u>52</u> , and that death occurred at <u>7:00 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw Van Arsdale D.O.</u>				23b. ADDRESS <u>Montgomery City - Mo</u>		23c. DATE SIGNED <u>10-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Truxton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 25-1952</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenda Jones</u>		ADDRESS <u>Bellflower Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1961 JUN 2 50000

JUN 7 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clarence H. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.